ecipient Committee ampaign Statement	Type or print in in	ık.	Dale Stamp	CA	LIFORNIA 160
City Clerk/Dep. City Clerk Date 10/35/1000	Statement covers period from Oct. 1,2000	Date of election if applicable: (Month, Day, Year) Nov. 7, 2000	RECEIVE	D Page	FORM TOU
E INSTRUCTIONS ON REVERSE	through <u>Oct. 21,2000</u>		CITY CLEAN	orea -	İ
Controlled Committee (Also Complete Part 4.) Ballot Measure Committee Primarily Formed O Sp	titees - Complete Parts 1, 2, 3, and 7. rily Formed Candidate/ holder Committee omplete Part 6.) ral Purpose Committee onsored oad Based	2. Type of Statem Pre-election State Semi-annual State Termination State Amendment (Exp	ent: ement ement ment	☐ Quarte	erly Statement al Odd-Year Report emental Pre-election nent - Atlach Form 495
. Committee Information	10. NUMBER 1224608	Treasurer(s) NAME OF TREASURER Bruce Sasaki			
Committee to Elect Bob Johnson	1	MARLING ADDRESS 1806 W. Kett1	eman Lane Su	ite G	
STREET ADDRESS (NO P.O. BOX)		CITY	STATE	ZIP CODE	AREA CODE/PHONE
1311 Midvale Road CITY STATE ZIPCE	ODE AREA CODE/PHONE	Lodi NAME OF ASSISTANT TREASU	CA	95242	(209)369-3548
Lodi CA 9524	40 (209)334-0370	TAME OF ASSISTANT THEAST	DUCU'IL VIAI		
MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. B		MAILING ADDRESS			
CITY STATE ZIP CO	DDE - AREA CODE/PHONE	City	STATE	ZIP CODE	AREA CODE/PHONE

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660 Type or print in ink.

Recipient Committee Campaign Statement Cover Page — Part 2

COVER P	AGE - PART 2
CALIFORNIA FORM	460
2	. 21

Officeholder or Candidate Controlled	Committee	5.	Ballot Measure Cor	nmittee	N/A		
NAME OF OFFICEHOLDER OR CANDIDATE Robert Johnson			NAME OF BALLOT MEASURE				
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT	NUMBER IF APPLICABLE)		BALLOT NO. OR LETTER	JURISDICTIO	<u> </u>		SUPPORT
•	Nombert in Art Elocabety		BALLOT NO. ON ELITER	1001130101701	•		OPPOSE
Lodi City Council RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) CI	TY STATE ZIP		Identify the controlling office	holder candida	de orelale m		nt if any
1311 Midvale Lod			NAME OF OFFICEHOLDER, CAN		· · · · · · · · · · · · · · · · · · ·	reasure proporte	ni, ii any.
	011 77240		NAME OF OFFICEROLDER, CAN	DIDATE, OR PHO	PONENT		
Related Committees Not Included in this Sta not included in this consolidated statement that are control formed to receive contributions or to make expenditures on	ed by you or which are primarily		OFFICE SOUGHT OR HELD	· · · · · · · · · · · · · · · · · · ·		DISTRICT NO. IF	ANY
COMMITTEE NAME	I.D. NUMBER	6	. Primarily Formed (List names	of officeholder(s	s) or candidate(s
Committee to Elect Bob Johnson	1224608		NAME OF OFFICEHOLDER OR C	ANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
NAME OF TREASURER Bruce Sasaki	TYES TO NO		·				OPPOSE
COMMITTEE ADDRESS STREET ADDRESS (NO P.O. BO			NAME OF OFFICEHOLDER OR	ANDIDATE	OFFICE SOL	JGHT OR HELD	☐ SUPPORT
1311 Midvale Road	<i>5</i> ,7,						OPPOSE
CITY STATE ZIP C	ODE AREA CODE/PHONE		NAME OF OFFICEHOLDER OR	CANDIDATE	OFFICE SOL	JGHT OR HELD	SUPPOR
Lodi CA 952	40 (209)334-0370		•				OPPOSE
1	Attach continuation	n shee	ots if necessary		<u></u>		
Verification			•				
I have used all reasonable diligence in preparing an is true and complete. I certify under penalty of perju						ein and in the a	ttached sched
Executed on 10/25/W	By Jon's	m	SIGNATURE OF TREASURE	R OR ASSISTANT T	REASURER		
Executed on /U/LJ/DATE	By SIGNATURE OF COL	NTROM	LING OFFICEHOLDER, CANDIDATE, STA	<u> </u>		PONSIBLE OFFICER	OF SPONSOR
Executed on	Ву	· ·					
DATE .		SIGN	IATURE OF CONTROLLING OFFICEHOLI	DER, CANDIDATE, S	TATE MEASURE I	PROPONENT	
Executed on	Ву		IATURE OF CONTROLLING OFFICEHOLI				

Campaign Disclosure Statement SUMMARY PAGE Type or print in Ink. Amounts may be rounded Statement covers period **Summary Page** CALIFORNIA to whole dollars. **FORM** from Oct. 1, 2000 Oct.21,2000 21 Page_ SEE INSTRUCTIONS ON REVERSE NAME OF FILER I.D. NUMBER Committee to Elect Bob Johnson 1224608 Column A Column B* Column C Contributions Received TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES) TOTAL PREVIOUS PERIOD (SEE NOTE BELOW) TOTAL TO DATE (COLUMNS A + B) 2,345.00 13.143.15 15,488.15 500.00 500.00 None 2,345,00 15,988.15 13.643.15 SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 None 24.75 24.75 Nonmonetary Contributions Schedule C, Line 3 2,369.75 13,643.15 16,012.90 TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 **Expenditures Made** 3,824,75 3,678,98 7,503.73 None None None 7,503.73 3,824.75 3,678.98 SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 None None None None None None 7.503.73 3,824.75 3,678,98 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 **Current Cash Statement** 9,970.12 12. Beginning Cash Balance Previous Summary Page, Line 16 * From previous statement Summary Page, Column C. However, If this is the first report filed for the calendar year, Column B should be blank 2,369.75 13. Cash Receipts Column A, Line 3 above except for Loans Received (Line 2), Loans Made (Line 7), and Accrued 5.40 Expenses (Line 9). 3,824.75 Summary for Candidates in Both June and 8,520.52 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 **November Elections** If this is a termination statement, Line 16 must be zero. 1/1 through 6/30 7/1 to Date 20. Contributions None 17. LOAN GUARANTEES RECEIVED Schedule B. Part 1. Column (b) 500.00 14.988.15 Received \$ Cash Equivalents and Outstanding Debts 21. Expenditures 7,503.73 None None None 19. Outstanding Debts Add Line 2 + Line 9 in Column C above

FPPC Form 460 (8/99) For Technical Assistance: 916/J22-5660

Schedule A Monetary Contributions Received		Amount	or print in ink. Is may be rounded whole dollars.	Statement cov	ers period	CALIFORNIA 460		
•				from Oct.1,2	.000	FC	DRM 40C	
SEE INSTRUCTION	e on beveloe			through Oct. 2	1,2000	Page	4 of '21	
NAME OF FILER	S UN NEVENSE			i			MBER .	
Committ	e to Elect Bob Johnson					1224	608	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR YE (JAN. 1 - DEC. :	AR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
10/8/00	Richard Ianni 750 Maplewood Drive Lodi, CA 95240	☑ IND ☐ COM ☐ OTH	Waste Manager	100.00	100.00			
10/10/00	Alice Reimche P.O. Box 2308 Lodi, CA 95241	⊠IND □ COM □ OTH	Retired '	26.00	125.00			
		□IND □COM □OTH						
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
	-	-	SUBTOTAL	\$ 126.00			ACTIVATED TO	

Amount received this period – contributions of \$100 or more. (Include all Schedule A subtotals.)	\$ 	126.00	0
		219.00	

2. Amount received this period – unitemized contributions of less than \$100 \$ 2,219.00

 *Contributor Codes

IND - Individual

COM - Recipient Committee

OTH - Other

Schedule A (Continuation Sheet) Monetary Contributions Received		Amoun	e or print in ink. ts may be rounded whole dollars.	Statement conformal from $\frac{1}{2}$	*	schedule a (cont.) CALIFORNIA 460 FORM		
		:		through Oct.	21,2000	Page	5 of21	
NAME OF FILER				L		I.D. N	UMBER	
Committe	ee to Elect Bob Johnson					122	4608	
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN 1 - DEC	/EAR	CUMULATIVE TO DATE OTHER (IF APPLICABLE)	
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
		□ IND □ COM □ OTH						
·		□ IND □ COM □ OTH						
	·	□ IND □ COM □ OTH						
		□IND □COM □OTH						
			SUBTOTAL	\$ None				

*Contributor Codes
IND – Individual
COM – Recipient Committee
OTH – Other

Schedule	B - Part 1
Loans Red	ceived

Type or print in ink.

SCHEDULE B - PART 1

oans Received			Amounts may be round to whole dollars.	Statement co	•	california 460 form		
EE INSTRUCTI	IONS ON REVERSE		·		Oct.	21,2000	Page 6	of
							1.D. NUMBER	
Commit	tee to Elect Bob Johnson				. 511559 115601147			
DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDER OR GUARANTOR	CONTRIBUTOR	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER	DUE DATE/	LENDER INFORMAT (a) AMOUNT		(b) AMOUNT	INFORMATION
NECEIVED	(IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	INTEREST RATE	AMOUNT OF LOAN	CUMULATIVE TO DATE	AMOUNT GUARANTEED	CUMULATIVE TO DATE
	·			DUE DATE		CALENDAR YEAR	ļ	CALENDAR YEAR
		COM				\$		s
		ОТН		INTEREST RATE		OTHER		OTHER
	☐ Lender ☐ Guarantor			*		\$		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		COM]	,		
		OTH		INTEREST RATE	·	OTHER		OTHER
	☐ Lender ☐ Guarantor			×		,		\$
				DUE DATE		CALENDAR YEAR		CALENDAR YEAR
		COM				s	l.	s
		ОТН		INTEREST RATE		OTHER		OTHER
	Lender Guarantor	-		×		s		\$
				SUBTOTAL	\$ None		\$ None	Enter (b) on Summary Page, Line 17 only.
	e B – Part 1 Summary				_			
 Loans o 	of \$100 or more received this period. (Incl	ude all Loans I	Received – Part 1 (a) subtot	als.)	\$ Nor	ie		
2. Amount	received this period - unitemized loans of	fless than \$10	00	•••••	\$ Nor	ie .		
3. Total loa	ans received this period. (Add Lines 1 and	1 2.)	•••••	ТОТА	L \$ Non	ie .		
	B – Part 2 Summary							
4. Loans o	of \$100 or more repaid, forgiven, or paid by is. If forgiven or paid by a third party, <i>also</i>	y a third party	this period. (Include all Pari	2 (c)	, Non	ie		
5. Loans u	inder \$100 repaid, forgiven, or paid by a th	hird party. (Do	not itemize.) If forgiven or				*Contributor (1
paid by	a third party, include this amount on Sche	dule A Summa	ary, Line 2	••••••	•			pient Committee
	ans repaid, forgiven, or paid by a third part	•	(Add Lines 4 + 5.)	тот/	AL \$Nor	<u> </u>	OTH - Other	
	nge this period. (Subtract Line 6 from Line		0		=+ ♠ Nor	ne		
Enter in	e net here and on the Summary Page, Co	Humn A, Line 2	Z	NE	May be a n	egative number.	FPP(C Form 460 (8/99)

Schedule B - Part 1 (Continuation Sheet) SCHEDULE B - PART 1 (CONT Type or print in ink. Amounts may be rounded Statement covers period Loans Received **CALIFORNIA** to whole dollars. FORM from Oct. 1.2000 through Oct. 21, 2000 Page _ 7 ___ of _ 21 NAME OF FILER 1224608 Committee to Elect Bob Johnson LENDER INFORMATION **GUARANTOR INFORMATION** IF AN INDIVIDUAL, ENTER FULL NAME, MAILING ADDRESS AND ZIP CODE DATE CONTRIBUTOR OCCUPATION AND EMPLOYER (b) AMOUNT OF LENDER OR GUARANTOR (a) TRUOMA RECEIVED CODE . DUE DATE/ CUMULATIVE (IF SELF-EMPLOYED, ENTER CUMULATIVE (IF COMMITTEE, ALSO ENTER LD. NUMBER) NAME OF BUSINESS) INTEREST RATE TODATE TO DATE OF LOAN GUARANTEED DUE DATE CALENDAR YEAR CALENDAR YEAR **DIND** ☐ COM INTEREST RATE OTHER OTHER ПОТН Guarantor ☐ Lender DUE DATE CALENDAR YEAR CALENDAR YEAR ☐ COM INTEREST RATE OTHER ПОТН OTHER ☐ Lender ☐ Guarantor DUE DATE CALENDAR YEAR CALENDAR YEAR □ IND COM INTERESTRATE OTHER ☐ OTH OTHER ☐ Lender ☐ Guarantor DUE DATE CALENDAR YEAR CALENDAR YEAR

INTEREST RATE

DUE DATE

INTEREST RATE

SUBTOTAL \$ None

OTHER

CALENDAR YEAR

OTHER

ПСОМ

□ OTH

☐ COM

☐ OTH

*Contributor Codes IND - Individual COM - Recipient Committee OTH - Other

☐ Lender

☐ Lender

☐ Guarantor

☐ Guarantor

FPPC Form 460 (8/99) Enr Tachninal Assistance Manna -

OTHER

CALENDAR YEAR

OTHER

Enter (b) on

Summary Page, Line 17 only.

None

Schedule B - Part 2 Repayments Made on Loans Received, Loans Forgiven, and Loans Repaid by a Third Party SEE INSTRUCTIONS ON REVERSE NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period fromOct. 1.2000

CALIFORNIA **FORM**

SCHEDULE B - PART 2

through Oct. 21, 2000

I.D. NUMBER

Committee to Elect Bob Johnson

1224608 (c) AMOUNT REPAID OR DATE OF REPAYMENT (d) INTEREST DATE OF OUTSTANDING INTEREST **FULL NAME OF LENDER** FORGIVEN ON PRINCIPAL*
(EXCLUDE PAYMENT OF INTEREST) RATE ORIGINAL LOAN PRINCIPAL OR FORGIVENESS PAID (IF CHANGED) TOTAL INTEREST Attach additional information on appropriately labeled continuation sheets. SUBTOTAL \$ PAID THIS PERIOD \$ None None *IMPORTANT: If any part of a loan is forgiven or repaid by a third party, also itemize the transaction on Schedule A, Enter the amount in column (d) in the Schedule E including the name and address of the person forgiving the loan or the third party making the payment, and the amount Summary, Line 3. Do not carry this total to the Schedule B Summary. forgiven or paid.

> FPPC Form 460 (8/99) For Technical Assistance Orchon

Schedule B – Part 3 Annual Report of Outstanding Loans Received		Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from Oct. 1,2000	CALIFORNIA 460
SEE INSTRUCTIONS ON REVERSE			through Oct. 21, 2000	9 21 Page of
NAME OF FILER		· · · · · · · · · · · · · · · · · · ·	- I <u>, , , , , - w , , , , , , , , , , , , , , , , , , </u>	I.D. NUMBER
Committee to Elect Bob Johns	son			1224608
FULL NAME OF LENDER	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
Attach additional information on appropris	ately labeled continuation sh	eets. TOTAL \$	None	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 2.

	chedul onmon	e C etary Contributions Received		, Amounts m	orint in ink. ay be rounded le dollars.	l	Statement covers po		CALIF FO	ORNIA 460
		IONS ON REVERSE		;		thro	ugh <u>Oct.21,</u>	2000	Page	10 of 21
	ME OF FILER								I.D. NUM	
	DATE ECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER L.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION GOODS OR SER		AMOUNT/ FAIR MARKET VALUE	CALEND	1224 TIVE TO TE AR YEAR DEC 31)	CUMULATIVE TO DATE OTHER (IF APPLICABLE)
10/10	0/00	Alice Reimche P.O. Box 2308 Lodi, CA 95241	©3.IND ☐ COM ☐ OTH	Retired :	Stamps		24.75	24.	. 75	
			□ IND □ COM □ OTH				·			
			□ IND □ COM □ OTH							
			□IND □ COM □ OTH							
Ā	ttach ad	ditional information on appropriately labe	led continuat	tion sheets.	SUBT	OTAL	\$ 24.75			13001 + CU () [[]
S	chedul	e C Summary								
		received this period – nonmonetary contrib	outions of \$10	0 or more.					*Conf	tributor Codes

(Include all Schedule C subtotals.)

2. Amount received this period – uniternized nonmonetary contributions of less than \$100\$

3. Total nonmonetary contributions received this period.

FPPC Form 460 (8/99)

IND - Individual

OTH - Other

COM - Recipient Committee

None

24.75

24.75

CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT Monetary Contribution Non-Monetary Contribution	DESCRIPTION OF NON CONTRIBUTION (IF REQUIRED	IMONETARY ON	AMOUNT THIS PE	1.D.1 1.22	number 4608 CUMULATIVE AMOUNT
CANDIDATE AND OFFICE, MEASURE AND JURISDICTION, OR COMMITTEE	Monetary Contribution Non-Monetary Contribution	CONTRIBUTION	NC	AMOUNT THIS PEI	1	
MEASURE AND JURISDICTION, OR COMMITTEE	Monetary Contribution Non-Monetary Contribution	CONTRIBUTION	NC	AMOUNT THIS PEI	RIOD	CUMULATIVE AMOUNT
	Contribution Non-Monetary Contribution					
	Contribution				Ī	Calendar Year
						\$Other
Support Dppose	Independent Expenditure					\$
	Monetary Contribution	·				Calendar Year
	Non-Monetary Contribution					\$Other
☐ Support ☐ Oppose	Independent Expenditure					\$
	Monetary Contribution					Calendar Year
	Non-Monetary Contribution					\$Other
□ Support □ Onnoce	Independent Expenditure					Quiei
Copper Copper						3
		Sl	JBTOTAL :	\$ None		
					l	THE PROPERTY OF THE PROPERTY O
	Support . Oppose	Contribution Non-Monetary Contribution Independent Expenditure	Contribution Non-Monetary Contribution Independent Expenditure St	Contribution Non-Monetary Contribution Independent Expenditure	Contribution Non-Monetary Contribution Independent Expenditure Support Oppose Substitute Su	Contribution Non-Monetary Contribution Independent Expenditure SUBTOTAL \$ None

Schedule D (Continuation Sheet) SCHEDULE D (CONT.) Type or print in ink. Summary of Expenditures Statement covers period CALIFORNIA Amounts may be rounded **Supporting/Opposing Other** from Oct. 1,2000 to whole dollars. FORM Candidates, Measures and Committees 12 through Oct. 21, 2000 Page _ NAME OF FILER I.D. NUMBER 1224608 Committee to Elect Bob Johnson **DESCRIPTION OF NONMONETARY** CANDIDATE AND OFFICE, DATE TYPE OF PAYMENT AMOUNT THIS PERIOD **CUMULATIVE AMOUNT** CONTRIBUTION MEASURE AND JURISDICTION, OR COMMITTEE (IF REQUIRED) ☐ Monetary Calendar Year Contribution Non-Monetary Contribution · Other Independent Expenditure ☐ Support ☐ Oppose Monetary Calendar Year Contribution Non-Monetary Contribution Other Independent Expenditure Support ☐ Oppose Monetary Calendar Year Contribution ☐ Non-Monetary Contribution Other Independent Expenditure Support . Oppose Monetary Calendar Year Contribution Non-Monetary Contribution Other Independent Expenditure ☐ Support ☐ Oppose

SUBTOTAL \$

None

Schedule E Payments Made SEE INSTRUCTIONS ON REVERSE NAME OF FILER Committee to Elect Bob Johnson	Amoun	e or print in ink. ts may be rounded whole dollars.	Statement covers period from Oct. 1, 2000 through Oct. 21, 2000	Page	CALIFORNIA 460 FORM 21 I.D. NUMBER 1224608		
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND Independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances	PRO professional PRT print ads	lating	RFD returned contributions SAL campaign workers salaries TEL t.v. or cable airtime and pro TRC candidate travel, lodging an TRS staff/spouse travel, lodging TSF transfer between committee VOT voter registration WEB information technology cos	duction cost nd meals (ex and meals (es of the sar	plain) (explain) ne candidate/sponsor		
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)		CODE OR	DESCRIPTION OF PAYMENT		AMOUNT PAID		
Pre-Sort Center 3806 Coronado Avenue Stockton, CA 95204-2345		LIT			3,695.00		
Schedule E Summary					2 (05 00		
1. Payments made this period of \$100 or more. (Include all				······ ֆ _	3,695.00		
2. Unitemized payments made this period of under \$1003. Total interest paid this period on outstanding loans. (Ent							

Schedule E
(Continuation Sheet)
Payments Made

SEE INSTRUCTIONS ON REVERSE

Type or print in ink. Amounts may be rounded to whole dollars.

SCHEDULE E (CONT.)

Statement covers period **CALIFORNIA** from Oct. 1, 2000 **FORM** Page 14 of 21 through Oct. 21, 2000 I.D. NUMBER 1224608

NAME OF FILER

Committee to Elect Bob Johnson

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphemalia/misc. OFC office expenses RFD returned contributions PET petition circulating SAL campaign workers salaries CNS campaign consultants

CTB contribution (explain nonmonetary)* · PHO phone banks TEL t.v. or cable airtime and production costs POL polling and survey research TRC candidate travel, lodging and meals (explain) CVC civic donations

POS postage, delivery and messenger services TRS staff/spouse travel, lodging and meals (explain) FND fundraising events

independent expenditure supporting/opposing others (explain)* PRO professional services (legal, accounting) TSF transfer between committees of the same candidate/sponsor

campaign literature and mailings PRT print ads VOT voter registration RAD radio airtime and production costs WEB Information technology costs (Internet, e-mail) MTG meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER) CODE OR **DESCRIPTION OF PAYMENT** AMOUNT PAID

SUBTOTAL \$

Payments that are contributions or independent expenditures must also be summarized on Schedule D.

\sim L		

	*				SCHEDULE F
Schedule F	Type or print in Amounts may be ro	Statement cove	rs period CAL	IFORNIA ACO	
Accrued Expenses (Unpaid Bills)	to whole dolla		from Oct. 1, 2		FORM 460
			110111		
SEE INSTRUCTIONS ON REVERSE	;		through Oct. 2	1,2000 Pag	ge 15 of 21
NAME OF FILER				I.D. N	UMBER
Committee to Elect Bob Johnson				122	4608
CODES: If one of the following codes accurately describ	es the payment, you may	enter the code. Ot	herwise, describe t	ne payment.	<u></u>
CMP campaign paraphemalia/misc.	OFC office expenses		RFD returned c	ontributions	
CNS campaign consultants	PET petition circulating		SAL campaign	workers salaries	
CTB contribution (explain nonmonetary)*	PHO phone banks			e airtime and production	
CVC civic donations	POL polling and survey rese	arch		travel, lodging and mea	
FND fundraising events IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and n PRO professional services (I			se travel, lodging and m	eais (expiain) ie same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	egai, accounting)	VOT voter regis		ie same candidatersponsor
MTG meetings and appearances	RAD radio airtime and produ	etlon costs		n technology costs (inte	met, e-mail)
* Payments that are contributions or independent expenditures must al					·
	CODE OR	(a)	(b)	(c)	(d)
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	OUTSTANDING BALANCE BEGINNING	AMOUNT INCURRED THIS PERIOD	AMOUNT PAID THIS PERIOD	OUTSTANDING BALANCE AT CLOSE
		OF THIS PERIOD	INISTERIOU	(ALSO REPORT ON E)	OF THIS PERIOD
		1		}	1
				· · · · · · · · · · · · · · · · · · ·	-
·					
		<u> </u>			<u> </u>
	SUBTOTALS	\$	\$	\$	\$
Schedule F Summary					
 Total accrued expenses incurred this period. (Include all accrued expenses of \$100 or more, plus total unitemized 	Schedule F, Column (b) st	ubtotals for \$100.)	INC	JRRED TOTALS	None
					•
Total accrued expenses paid this period. (Include all Sci accrued expenses of \$100 or more, plus total unitemized				PAID TOTALS	\$ None
3. Net change this period. (Subtract Line 2 from Line 1. E	nter the difference here an	nd			
on the Summary Page, Column A, Line 9.)			•••••	NET	\$ None May be a negative number

Schedule F (Continuation Sheet)	Type or print in ink. Amounts may be rounde to whole dollars.	ed	Statement cove	1	SCHEDULE F (CONT.) CALIFORNIA 460 FORM		
Accrued Expenses (Unpaid Bills)	:		through Oct. 2	1,2000	16 Page o	21	
Committee to Elect Bob Johnson					.d. NUMBER L224608		
CODES: If one of the following codes accurately desc	ribes the payment, you may	enter the code. Ot	herwise, describe t	he payment.			
CMP campaign paraphemalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations FND fundraising events IND Independent expenditure supporting/opposing others (explain)* LIT campaign literature and mailings MTG meetings and appearances * Payments that are contributions or independent expenditures must	OFC office expenses PET petition circulating PHO phone banks POL polling and survey rese POS postage, delivery and m PRO professional services (I PRT print ads RAD radio airlime and product also be summarized on Schedule	nessenger services egal, accounting) ction costs	SAL campalgn TEL t.v. or cabl TRC candidate TRS staff/spou TSF transfer by VOT voter regis		meals (explain) nd meals (explain) of the same candida	ate/sponsor	
NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAIL THIS PERIOD (ALSO REPORT ON	D OUTST D BALANCE	(d) TANDING E AT CLOSE S PERIOD	

SUBTOTALS \$

None

\$ None

\$

None

FPPC Form 460 (8/99) For Technical Assistance: 916/322-5660

\$ None

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from Oct. 1, 2000	california 460
ACCUMATE VIOLEN ON DEVEROR	:	through Oct. 21, 2000	Page 17 of 21
SEE INSTRUCTIONS ON REVERSE			
NAME OF FILER			I.D. NUMBER
Committee to Elect Bob Johnson			1224608
NAME OF AGENT OR INDEPENDENT CONTRACTOR		· · · · · · · · · · · · · · · · · · ·	
CODES: If one of the following codes accurately describe	es the payment, you may enter the code. O	therwise, describe the paymer	nt.
CMP campaign paraphemalia/misc.	OFC office expenses	RFD returned contributions	•••
CNS campaign consultants	PET petition circulating	SAL campaign workers salari	as .
CTB contribution (explain nonmonetary)*	PHO phone banks	TEL t.v. or cable airtime and	
CVC civic donations	POL polling and survey research	TRC candidate travel, lodging	
FND Jundraising events	POS postage, delivery and messenger services	TRS staff/spouse travel, lodgi	
IND Independent expenditure supporting/opposing others (explain)*	PRO professional services (legal, accounting)		ttees of the same candidate/sponsor
LIT campaign literature and mailings	PRT print ads	VOT voter registration	3

RAD radio airtime and production costs

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

MTG meetings and appearances

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	on	DESCRIPTION OF PAYMENT	AMOUNT PAID
		╁	· · · · · · · · · · · · · · · · · · ·	
			•	
		_		
·				
		- -		
				

Attach additional information on appropriately labeled continuation sheets.

TOTAL' \$ None

WEB Information technology costs (internet, e-mail)

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor

S	che	d	ule	Н.	- P	art	1	
ı	oan	2	Ma	de	to	Oth	1ers*	

SCHEDULE H - PART 1

Loans Made to Others*	Type or print in ink. Amounts may be rounded to whole dollars.		atement covers period	CALIFORNIA 460
	:	throu	gh Oct.21,2000	Page 18 of 21
SEE INSTRUCTIONS ON REVERSE NAME OF FILER	<u> </u>	throu	gn	I.D. NUMBER
Committee to Elect Bob Johnson			1	1224608
DATE OF LOAN NAME AND ADDRE	SS OF RECIPIENT ENTER I.D. NUMBER)	NTEREST RATE	DUE DATE	AMOUNT
	· ·			
*Loans that are contributions to another candidate or committee mu	st also be summarized on Schedule D.		SUBTOTAL	\$ None
Schedule H – Part 1 Summary				
1. Loans of \$100 or more made this period. (Include all L				
2. Unitemized loans under \$100 made this period				_
3. Total loans made this period. (Add Lines 1 and 2.)		то	TAL \$ None	_
Schedule H – Part 2 Summary 4. Payments received on loans of \$100 or more. (Inclu			. •	
loans of \$100 or more forgiven by this committee – If forgiven, also itemize on Schedule E.)	. ,		\$ <u>None</u>	_
5. Unitemized payments received on loans under \$100 (Including a forgiveness.)). 	•••••	\$ <u>None</u>	_
6. Total loan payments received this period. (Add Lines 4 and 5.)				_
Net change this period. (Subtract Line 6 from Line Enter the net here and on the Summary Page, Colu	3. ımn A, Line 7.)		NET \$ None May be a negative number	981

Schedule H – Part 2 Repayments on Loans Made to Others and Loans Forgiven

Type or print in ink.
Amounts may be rounded to whole dollars.

SCHEDULE H - PART 2

Statement covers period from Oct. 1, 2000 CALIFORNIA FORM

SEE INSTRUCTIONS	ON REVERSE				through Oct. 21,2	000_	ļ	9 01 21
NAME OF FILER							I.D. NUMBE	
		Bob Johnson					122460	
DATE OF REPAYMENT OR FORGIVENESS	DATE OF ORIGINAL LOAN	FULL NAME OF RECIPIENT OF LOAN	INTEREST RATE (IF CHANGED)	AMOUNT REPAID OR FORGIVEN ON PRINCIPAL® (EXCLUDE RECEIPT OF INTEREST)		OUTSTANDING PRINCIPAL		(b) INTEREST RECEIVED
							· · · · · · · · · · · · · · · · · · ·	
								
							<u>:</u>	
Attach addition	al information on	appropriately labeled continuation sheets.	SUBTOTAL	\$]	None	TOTAL IN RECEIV PER	ED THIS	\$ None
from a third par	If any part of ty, enter the nan cipient of the loa	a loan is forgiven, also itemize the forgiveness on ne and address of third party in the "FULL NAME OF RECIP n.	Schedule E. If a rep IENT OF LOAN® column	ayme above	ent is received e, along with the	Enter the	amount in co I Summary,	olumn (b) in the Line 3. Do not carry ule H Summary.

SCHEDULE H - PART 3

Schedule H – Part 3 Annual Report of Outstanding Loans Mad	Statement covers period from Oct. 1, 2000	CALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE	`.		through <u>Oct. 21, 2000</u>	Page 20 of 21
NAME OF FILER				I.D. NUMBER
Committee to Elect Bob Johnson				1224608
FULL NAME OF RECIPIENT OF LOAN	ORIGINAL DATE OF LOAN	AMOUNT OF ORIGINAL LOAN	UNPAID PRINCIPAL	UNPAID INTEREST
•				
·				
	1			
Attach additional information on appropriately labele	ed continuation sheets.	TOTAL	.\$ None	

NOTE: This total should be the same amount as entered on the Summary Page, Column C, Line 7.

INSTRUCTIONS ON REVER	creases to Cash	Type or print in ink. Amounts may be rounded to whole dollars.	Statement covers period from Oct. 1, 2000 through Oct. 21, 2000	CALIFORNIA 46 FORM 21 Page 21 of 21
E OF FILER				I.D. NUMBER
Committee to	Elect Bob Johnson			1224608
DATE FULL NAME AND ADDRESS OF SOURCE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		DI	ESCRIPTION OF RECEIPT	AMOUNT OF INCREASE TO CASH
	•			
Attach additional info	mation on appropriately labeled continuation sheets.		SUBTOTA	AL\$ None
chedule I Summ	arv			
	of \$100 or more this period			<u>—</u>
Unitemized increas	ses to cash under \$100 this period			<u> </u>
Total of all interest	received this period on loans made to others. (S	Schedule H, Part 2 (b).)	\$ None	
	is increases to cash this period. (Add Lines 1, 2,		TOTAL 6 5 40	
Summary Page, LI	ine 14.)		TOTAL \$ 5.40	FPPC Form 460 (